

**Nursing and Midwifery Council
Fitness to Practise Committee**

**Substantive Hearing
Wednesday 21 January 2026 – Friday 23 January 2026
Monday 26 January 2026 – Wednesday 28 January 2026**

Nursing and Midwifery Council
2 Stratford Place, Montfichet Road, London, E20 1EJ

Name of Registrant: Francis Williams

NMC PIN: 98C2609E

Part(s) of the register: Nursing, Sub part 1
RNA, Registered Nurse - Adult
29 August 2001

Relevant Location: London

Type of case: Misconduct

Panel members: Catherine Devonport (Chair, registrant member)
Peter Kitson (Lay member)
Chanelle Gibson-McGowan (Lay member)

Legal Assessor: Angus Macpherson

Hearings Coordinator: Samara Baboolal
Selima Begum (22 January 2026)

Nursing and Midwifery Council: Represented by Iwona Boesche, Case Presenter

Mr Williams: Not present and unrepresented

Facts proved: Charges 1(b), 2, 3

Facts not proved: Charge 1(a)

Fitness to practise: Impaired

Sanction: **Suspension order (12 months)**

Interim order:

Interim Suspension Order (18 months)

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mr Williams was not in attendance and that the Notice of Hearing letter had been sent to Mr Williams' registered email address by secure email on 10 December 2025.

Ms Boesche on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the allegations, the time, dates and venue of the hearing and, amongst other things, information about Mr Williams' right to attend, be represented and call evidence, as well as the panel's power to proceed in his absence.

In the light of all of the information available, the panel was satisfied that Mr Williams has been served with the Notice of Hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Mr Williams

The panel next considered whether it should proceed in the absence of Mr Williams. It had regard to Rule 21 and heard the submissions of Ms Boesche who invited the panel to continue in the absence of Mr Williams. Ms Boesche informed the panel that Mr Williams had not responded to any NMC correspondence in relation to this hearing. She submitted that, as it appeared that Mr Williams had disengaged from these proceedings, he had voluntarily absented himself.

Ms Boesche submitted that there had been no engagement at all by Mr Williams with the NMC in relation to these proceedings and, as a consequence, there was no reason to believe that an adjournment would secure his attendance on some future occasion. The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised '*with the utmost care and caution*' as referred to in the case of *R v Jones (Anthony William)* (No.2) [2002] UKHL 5.

The panel has decided to proceed in the absence of Mr Williams. In reaching this decision, the panel has considered the submissions of Ms Boesche and the advice of the legal assessor. It had regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and to the overall fairness to all parties. It noted that:

- No application for an adjournment has been made by Mr Williams;
- The panel noted that Mr Williams had completed a Case Management Form (CMF) in which he made a number of observations about the case against him and that he previously indicated that he wished to attend this hearing. However, it noted that Mr Williams has not engaged with the NMC in relation to this hearing and has not responded to any of the letters sent to him about this hearing;
- Mr Williams has not provided the NMC with details of how he may be contacted other than his registered address, registered email, and telephone number on record. Nevertheless, the panel noted that the NMC had sent the Notice of Hearing to two email addresses which it had for Mr Williams.
- There is no reason to suppose that adjourning would secure his attendance at some future date;
- A witness has attended to give live evidence;

- Not proceeding may inconvenience the witness, their employer and, for those involved in clinical practice, the clients who need their professional services;
- The charges relate to events that occurred in 2021;

There is some disadvantage to Mr Williams in proceeding in his absence. Although the evidence upon which the NMC relies will have been sent to him at his registered email address, he will not be able to challenge the evidence relied upon by the NMC and will not be able to give evidence on his own behalf. However, in the panel's judgement, this can be mitigated. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Further, the panel has Mr Williams' responses to the charges set out in the completed Case Management Form (CMF). In any event, any disadvantage is the consequence of Mr Williams' decisions to absent himself from the hearing, waive his rights to attend, and/or be represented, and to not provide evidence or make submissions on his own behalf.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mr Williams. The panel will draw no adverse inference from Mr Williams' absence in its findings of fact.

Details of charge

That you, a registered nurse,

- 1) On, or around 2 July 2021,
 - a) Dispensed patient medication into pots to administer later.
 - b) Did not safely dispose of medication that had been refused.

- 2) On, and after, 11 February 2022, during the recruitment process with Change, Grow, Live, did not disclose details of your previous employment with Spectrum Community Health CIC.

- 3) Your actions as set out at charge 2 were dishonest in that you intentionally concealed your employment with Spectrum Community Health CIC due to allegations made against you whilst employed with them.

AND in light of the above, your fitness to practise is impaired by reason of your misconduct.

Decision and reasons on application to admit hearsay evidence

The panel heard an application made by Ms Boesche under Rule 31 to allow an email sent by Mr Williams, dated 2 July 2021, into evidence. Ms Boesche explained that this piece of hearsay evidence came to light following consideration of Mr Williams' own statement within the CMF form. In the form, Mr Williams said that he submitted evidence for the purpose of previous hearings with the NMC.

Ms Boesche submitted that Mr Williams was not present at this hearing, and the email would allow the panel to have sight of his responses and explanations in relation to these charges.

Ms Boeche submitted that this hearsay evidence is relevant, and directly relates to charge 1.

Ms Boesche submitted that it is fair to adduce the email from Mr Williams as evidence. She submitted that Mr Williams knows of the existence of this document, as he himself has written it. The document came to be before the panel as a direct response to the queries, and it is what Mr Williams himself expects to be before the panel for this hearing.

Ms Boesche submitted that this document has been with the NMC since 2023. It was included in a bundle of documents that the NMC already had, and an email would have been sent to Mr Williams with all of these documents from the Trust, along with the referral.

Ms Boesche invited the panel to adduce this email as hearsay evidence.

The panel accepted the advice of the legal assessor, who referred it to the case of *Thorneycroft v Nursing and Midwifery Council [2014] EWHC 1565 (Admin)*.

The panel considered whether the evidence is sole or decisive. It was of the view that the evidence is not the sole and decisive evidence. Witness 1 is due to give evidence at this hearing, and the charge can be explored with this witness.

In considering fairness, the panel noted that Mr Williams asked for this email response to be put before the panel as evidence for this hearing. The panel considered that this statement contains Mr Williams' own words and evidence.

In these circumstances, the panel came to the view that it would be fair and relevant to accept into evidence Mr Williams' hearsay evidence. However, it would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it.

Background

On 19 July 2021, the NMC received a referral from the director of Nursing and Quality Assurance at Spectrum Healthcare CIC, raising concerns about Mr Williams. The concerns relate to an incident on 2 July 2021 at HMP Frankland (the prison), where Mr Williams was working a shift through Sensible Staffing Agency. Mr Williams was allocated the role of medicines management of the shift.

During the shift, it was identified that there were missing drugs. A voluntary search was undertaken by prison security, and it was identified that Mr Williams was in possession of a 'meditot' with 11 medications in it. The drugs were not fully identified, save that the meditot did not contain any controlled drugs.

Mr Williams was barred from working further shifts at the prison and Sensible Staffing stated that they would not be offering Mr Williams agency shifts going forward.

Mr Williams began working with Change Grow Live (CGL), who conducted a disciplinary investigation into Mr Williams' failure to disclose the termination of his employment with Spectrum Health CIC. He was dismissed from CGL on 8 May 2024.

Decision and reasons on application to admit hearsay evidence for Ms 1

The panel heard an application made by Ms Boesche on behalf of the Nursing and Midwifery Council (NMC) under Rule 31 to allow the hearsay bundle of Ms 1 into evidence. In respect of the first limb, Ms Boesche submitted that the witness statement of Ms 1, was directly relevant to charge 2 and met the threshold test of relevance for the admission of hearsay evidence. In relation to the second limb, she submitted that the job application exhibited was itself hearsay, it supported Ms 1's statement and that its admission would be fair. Ms Boesche referred the panel to *Thorneycroft v Nursing and Midwifery Council [2014] EWHC 1565 (Admin)*, she highlighted [PRIVATE] explaining why Ms 1 was unable to attend.

Ms Boesche submitted that Ms 1 had remained in contact with the NMC and that all reasonable efforts had been made to secure her attendance without success. The evidence had been disclosed to Mr Williams in advance, alongside all other evidence, and accordingly its admission would not be unfair. Ms Boesche invited the panel to admit the hearsay application.

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included that Rule 31 provides that, so far as it is 'fair and relevant', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings.

The panel gave careful consideration to Ms Boesche's hearsay application. In respect of the first application, relating to the hearsay bundle including the witness statement of Ms 1 and the associated application form, the panel was satisfied that the evidence was relevant to charges 2 and 3. It noted that the application form formed part of Mr William's own evidence, and that Mr Williams had himself relied upon aspects of the recruitment documentation contained within the documentation. The panel was therefore satisfied that the evidence met the threshold requirement of relevance.

In considering fairness and reliability, the panel accepted that the NMC had made all reasonable efforts to secure the attendance of Ms 1. The panel considered [PRIVATE] reasons for the non-attendance and the evidence of ongoing but unsuccessful attempts by the NMC to secure her attendance.

The panel was satisfied that there are good and cogent reasons for Ms 1's absence. Taking into account that the evidence had been disclosed in advance, and that the hearsay evidence was relevant, fair, and reliable, the panel determined that it was appropriate to admit the hearsay bundle into evidence, subject to the weight to be attached to it at a later stage.

The panel then considered the second hearsay application relating to the *'72-hour review report produced by Spectrum Community Healthcare CIC'*. It accepted that this document was hearsay and noted that no witness statement had been provided in support of it. While the panel recognised that the report appeared to have been produced in the ordinary course of business, it noted that the authors were not called by the NMC. The panel further noted that the document contained matters about which the authors had no first-hand knowledge. They were merely investigating those matters. Nevertheless, the

panel recognised that the authors' investigation was conducted in the ordinary course of business and, moreover, there was other evidence before the panel dealing with matters that are the subject of the authors' report. In these circumstances, notwithstanding the fact that the document amounted to double hearsay, the panel determined that it would be fair to admit the '*72-hour review report produced by Spectrum Community Healthcare CIC*' into evidence, subject to the weight attached to it at a later stage.

Proceeding in Absence

At the end of day three of the hearing, Friday 23 January 2026, Mr Williams contacted his NMC Case Officer. He informed her that he had not had access to his email address until that day, and that he believed that his hearing was taking place on Monday 26 January 2026. He was informed by his case officer that the hearing had started on 21 January, and that he would be sent a Microsoft Teams link by the NMC Hearings Coordinator on Monday morning.

On Monday morning, Mr Williams did not join the hearing as he indicated he would. Ms Boesche made an application to proceed in his absence.

In order to give Mr Williams an opportunity to attend the hearing, the panel adjourned until day 5 to give him time to contact the NMC or join the link. However, he made no such attempts.

Ms Boesche submitted that Mr Williams confirmed with his NMC Case Officer on Friday that he had access to his Sky domain email address, to which all correspondence and the hearing link had been sent. She submitted that Mr Williams could have joined via the link provided to him, or he could have made attempts to contact either the Hearings Coordinator or his Case Officer.

Ms Boesche submitted that Mr Williams, by not attending this morning, has voluntarily absented himself. She referred the panel to a number of attempts made by the NMC Case Officer to contact him.

Ms Boesche submitted that no application for adjournment has been made by Mr Williams, and there is no information to suggest that an adjournment would secure his attendance at a future date.

Ms Boesche invited the panel to proceed in Mr Williams' absence.

The panel accepted the advice of the legal assessor.

The panel noted that its discretionary power to proceed in the absence of a registrant under the provisions of Rule 21 is not absolute and is one that should be exercised '*with the utmost care and caution*' as referred to in the case of *R v Jones (Anthony William)* (No.2) [2002] UKHL 5.

The panel has decided to proceed in the absence of Mr Williams. In reaching this decision, the panel has considered the submissions of Ms Boesche and the advice of the legal assessor. It had regard to the factors set out in the decision of *R v Jones* and *General Medical Council v Adeogba* [2016] EWCA Civ 162 and to the overall fairness to all parties. It noted that:

- No application for an adjournment has been made by Mr Williams;
- The panel took into account the chronology of the attempts to contact Mr Williams, which included instructions to join the hearing and papers being resent to the email that he indicated he has access to;
- Mr Williams has not joined the hearing link and has not made further attempts to contact the NMC;
- There is no reason to suppose that adjourning would secure his attendance at some future date, [PRIVATE];

- The panel adjourned until day 5 in order to allow Mr Williams the opportunity to attend these proceedings;
- The charges relate to events that occurred in 2021; and
- There is a strong public interest in the expeditious disposal of the case.

There is some disadvantage to Mr Williams in proceeding in his absence. Although the evidence upon which the NMC relies will have been sent to him at his registered email address, he will not be able to challenge the evidence relied upon by the NMC and will not be able to give evidence on his own behalf. However, in the panel's judgement, this can be mitigated. The panel already has Mr Williams' response to the charges on the CMF. The panel can make allowance for the fact that the NMC's evidence will not be tested by cross-examination and, of its own volition, can explore any inconsistencies in the evidence which it identifies. Furthermore, the limited disadvantage is the consequence of Mr Williams' decisions to absent himself from the hearing, waive his rights to attend, and/or be represented, and to not provide evidence or make submissions on his own behalf.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mr Williams.

Decision and reasons on facts

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Ms Boesche on behalf of the NMC.

The panel has drawn no adverse inference from the non-attendance of Mr Williams.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will

be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

The panel heard live evidence from the following witness called on behalf of the NMC:

- Witness 1: Nurse in charge for HMP Frankland at the time of the charges.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the witness and documentary evidence provided by the NMC.

The panel then considered each of the disputed charges and made the following findings.

Charge 1a

“On, or around 2 July 2021, dispensed patient medication into pots to administer later.”

This charge is NOT found proved.

In reaching this decision, the panel took into account the NMC Case Management Form signed by Mr Williams on 24 July 2025, the Spectrum Community Healthcare 72-hour review report, dated 9 July 2021, and Witness 1’s oral evidence and written statement.

In considering the reliability of Witness 1’s evidence, the panel carefully considered that at the start of her evidence, she disclosed that she is on medication that impacts her ability to recall times and dates.

The panel considered that there is evidence before it to support that Mr Williams had access to the medications on this date, by way of the medication cupboard key. In her oral evidence, Witness 1 told the panel that Mr Williams was on duty on 2 July 2021, and was working independently to administer medication on that shift. When asked, Witness 1 told the panel that she could not assume it was Mr Williams that potted up the medication. She told the panel that she believed it was Mr Williams, because it was *'what she had heard'*.

According to Witness 1's statement, Mr Williams was asked if he had 'potted up', and he said no. The panel noted that, according to her witness statement, she observed that there was *'no evidence of any pre-potted cups with medications in them'* on 2 July 2021.

The panel had regard to the 72-hour review report, which stated that Mr Williams was asked whether he had *'potted up for the afternoon and he said he had not'*. The 72-hour report further stated that the following day, *'the nurse that attended to administer the lunchtime medication found paper medication pots with service users names on.'*

The panel noted that there is no information before it to suggest that Mr Williams was the only nurse who had access to the room with the medication pots in the intervening period. Furthermore, there was no evidence before it to account for the 24-hour break in between Mr Williams leaving the wing, and the pots being discovered.

Further, the panel noted Witness 1's oral evidence, that pre-potted medication had been found in the wings a few days before. There was no evidence that Mr Williams was responsible for that happening.

The panel therefore determined that the NMC has failed to discharge the burden of proof in relation to this charge. As such, this charge is found not proved.

Charge 1b)

“On, or around 2 July 2021, did not safely dispose of medication that had been refused.”

This charge is found proved.

In reaching this decision, the panel took into account an email from Mr Williams to Sensible Staffing, his agency employer, dated 2 July 2021, Witness 1’s oral evidence and witness statement, and the 72-hour review report.

The email from Mr Williams states:

‘I was then taken to the Head of Healthcare’s office where I was met by the Security Custodial Manager and the Police liaison officer. All my belongings were thoroughly searched and no Controlled Drug was found in my possession. In the pocket of my fleece were some tablets; antacid (Omeprazole), Sodium Valporate, and Metformin which had been there for quite a few days as I had taken them down to the wings to administer to a patient who had refused taking his medication’.

The panel noted that Mr Williams’s account supports the allegations set out in this charge, in that he had medication, that had been refused, on his person for several days, and therefore did not dispose of it safely.

The panel took into account Witness 1’s oral evidence, during which she explained the correct methods of safe medications disposal, as per the prison policy. She told the panel that the appropriate method of disposal would entail controlled drugs being disposed into sharps bins, and other medications going into a sand bin. She told the panel that this was standard operating procedure regarding medicines administrations and management, which Mr Williams would have been aware of through inductions.

In her written statement, Witness 1 stated:

'I was also informed that Francis was found with medication in his pockets when searched. There is no reasonable explanation for this. If a prisoner refuses their medication, the medication will not have been dispensed and wont (sic) need to be disposed of. If, for whatever reason, the medication has already been dispensed and then refused by a prisoner, best practice would be to dispose of the medication in the medical waste bin.'

The panel therefore found this charge proved, on the balance of probabilities.

Charge 2)

“On, and after, 11 February 2022, during the recruitment process with Change, Grow, Live, did not disclose details of your previous employment with Spectrum Community Health CIC.”

This charge is found proved.

In making its decision, the panel took into account Ms 1's written statement, the NMC Case Management Form (CMF), signed by Mr Williams on the 24 July 2025, and Mr Williams' job application form completed on 2 February 2022.

The panel noted the application form required the applicant to complete a section entitled work history/career breaks. This section required detail of previous work history and/or career breaks dating back no more than 15 years. Mr Williams completed that history to include the following:

- Employment with the Forward Trust 3 June 2019 – 30 September 2020
- [PRIVATE] from September 2020 – June 2021
- Employment with Four Plus Solutions 12 July 2021 – no end date

No mention is made by Mr Williams in his application form of his previous employment by Sensible Staffing, the agency which had placed him via Spectrum CIC with HMP Frankland.

The panel noted Witness 1's written statement:

'Mr Francis Williams is an Agency Nurse employed by Sensible staffing (sic). He has been working in HMP Frankland from May 2021. On the morning of the 2 July 202- Francis Williams was the nurse who was detailed for the administration of medications'

Ms 1's statement states:

'Francis began employment at CGL on 16 May 2022 as a Lead Nurse in the Havering service.

[...]

As part of the investigation, it was discovered that Francis did not disclose his employment at HMP Frankland.'

The panel noted that Mr Williams was suspended from his employment at HMP Frankland on 2 July 2021, and that this employment was not disclosed by him in the application form.

The panel therefore found this charge proved.

Charge 3)

"Your actions as set out at charge 2 were dishonest in that you intentionally concealed your employment with Spectrum Community Health CIC due to allegations made against you while employed with them."

This charge is found proved.

In making its decision, the panel considered the principles as set out in the case of *Ivey v Genting Casinos (UK) Ltd t/a Crockfords* [2017] UKSC 67. The panel took into account Mr Williams' CMF response, and the job application form.

The panel considered what was Mr Williams' genuine belief or understanding as to:

- whether he was under an obligation to disclose his employment with Spectrum Community Health (CIC); and
- whether, if he was, the reason for his not doing so was because of the allegations which had been made against him whilst he was employed by Spectrum Community Health CIC.

The panel also noted his case that he was unaware that he was under investigation by the NMC until 'a month or two' before his interim order hearing, which was in January 2023.

The panel took into account that Mr Williams, in the CMF form, stated:

'I do not believe that I deliberately withheld information during the application process as during that period I wasn't even aware that a referral had been made to the NMC by Spectrum CIC. I only became aware of the referral about a month or two prior to my Interim Order hearing via a telephone call from the lady from NMC (sic).'

The panel accepted that Mr Williams did not know he was under an investigation by the NMC until this phone call. However, the charge relates to allegations made against him without reference to the NMC. The panel took into account that Mr Williams was suspended by his employer and placed under formal investigations in July 2021, and that he was aware of this. In his email, he states:

'After the search, the acting Head of Healthcare then informed me that the decision had been made to suspend me until they had carried out further investigations. I informed them that this was my only job and only source of income, but I was informed that the decision had already been made to suspend me pending further investigations.'

The panel found that Mr Williams therefore knew that he was under investigation due to allegations made against him.

The panel took into account that, in Mr Williams' CMF response, he stated:

'During the recruitment process with CGL I did not withhold information from CGL about me being employed by Spectrum CIC as I was working as an Agency Nurse in, which I did put in my CGL employment application.'

The panel noted that Mr Williams referred to at least one agency appointment when completing the application form, and that he described his duties at that appointment as 'Prison Substance Misuse Nurse'. That appointment was not with Sensible Staffing through which he obtained his appointment with Spectrum Community Health CIC at HMP Frankland. The panel therefore noted that Mr Williams conceded that he should disclose appointments which he obtained through agencies through which he was obtaining work in the application form. Mr Williams did not disclose the work he carried out for Spectrum Community Health CIC at HMP Frankland as an agency nurse between May and July 2021.

The panel therefore found that Mr Williams knew that he was under an obligation to disclose his employment with Spectrum Community Health CIC between May and July 2021 on his application form. It has already found that he did not make that disclosure under charge 2.

The panel noted that in the employment application form, Mr Williams referred to the gap of:

'nine months off [PRIVATE]. Currently working as a Prison Substance Misuse Nurse (Agency).'

The panel found that this was inconsistent with Mr Williams' work with Spectrum Community Health at HMP Frankland during the period of May 2021 to July 2021.

The panel noted that Mr Williams, on the job application form, provided two references in a section requiring references from his *previous two* employers. As Mr Williams did not disclose his two previous chronological employers, it follows that the references that he provided did not include any reference from Spectrum Community Health CIC at HMP Frankland, nor from Sensible Staffing, the agency which placed him there.

Taking all these matters into account, the panel therefore determined that Mr Williams, on the balance of probabilities, intentionally concealed his employment with Spectrum Community Health CIC due to the allegations and investigation against him. He likely did this in order to secure employment with CGL. It determined that the reason he did so was because he was aware that there were allegations made against him which resulted in the termination of his engagement of HMP Frankland.

The panel determined that ordinary decent people would regard Mr Williams actions in not disclosing on the application form his employment with Spectrum Community Health CIC due to allegations made against him whilst he was employed by them as dishonest.

The panel therefore found this charge proved, on the balance of probabilities.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Mr

Williams' fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage, and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, Mr Williams' fitness to practise is currently impaired as a result of that misconduct.

Submissions on misconduct

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a '*word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.*'

Ms Boesche invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The NMC code of professional conduct: standards for conduct, performance and ethics' (the Code) in making its decision.

Ms Boesche submitted that Mr Williams' conduct fell significantly short of what is expected of a registered nurse. She identified the specific, relevant standards where Mr Williams's actions amounted to serious misconduct.

Ms Boesche submitted that the misconduct in this case is serious, relating to a failure to safely dispose of drugs, as well as dishonesty. Ms Boesche referred the panel to the NMC Guidance SAN-2. She submitted that the misconduct in this case is a significant departure from the fundamental principles of the NMC Code.

Submissions on impairment

Ms Boesche moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards of conduct and to maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Boesche submitted that the panel must consider whether Mr Williams can practise kindly, safely, and professionally. She submitted that the answer to these three questions is 'No'.

Ms Boesche submitted that Mr Williams' failure to safely dispose of medications in his possession exposed patients in his care to an unwarranted risk of harm. She submitted that Mr Williams worked in a prison environment, where there is a risk of violence and substance abuse where medication is involved.

Ms Boesche submitted that by acting dishonestly, Mr Williams breached fundamental tenets of the nursing profession.

Ms Boesche submitted that Mr Williams, by not safely disposing of medication and acting dishonestly, is liable to bring the profession into disrepute. She submitted that members of the public must be able to trust nursing professionals with their lives, and his conduct in the charges found proved would seriously undermine public confidence in the nursing profession.

Ms Boesche submitted that Mr Williams has not provided evidence of insight and remediation. She submitted that he has made some admissions relating to not disposing of medication after a prisoner refused it. However, Mr Williams has not provided evidence of strengthened practice or any relevant training undertaken since the conduct in the charges found proved.

Ms Boesche submitted that, given the nature of the misconduct, and the absence of any mitigation, a finding of impairment is required on public protection grounds.

Ms Boesche submitted that a finding of impairment is also in the public interest. She submitted that failure to safely dispose of medication in a prison environment and dishonesty would seriously undermine public confidence in the nursing profession. She submitted that a finding of impairment is required to uphold and declare proper standards of professional conduct, and to maintain public confidence in the nursing profession and the NMC as regulator.

The panel accepted the advice of the legal assessor, who referred the panel to the cases of *Roylance v GMC* [2000] 1AC 311, *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin), and *R (Remedy UK Ltd) v General Medical Council* [2010] EWHC 1245 (Admin).

Decision and reasons on misconduct

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel was of the view that Mr Williams' actions in charges 1(b), 2, and 3 did fall significantly short of the standards expected of a registered nurse, and that his actions amounted to breaches of the Code. Specifically:

- 8.6 *'Share information to identify and reduce risk'*

- 13.4 *'Take account of your own personal safety as well as the safety of people in your care'*

- 17.1 *'Take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse'*

- 18.4 *'Take all steps to keep medicines stored securely'*

- 19.1 *'Take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place'*

- 20.1 *'Keep to and uphold the standards and values set out in the Code'*

- 20.2 *'Act with honesty and integrity at all times [...]'*

- 20.8 *'Act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. It considered each of the charges found proved to determine whether Mr Williams' conduct amounted to serious misconduct.

Charge 1(b)

The panel noted that Mr Williams did not safely dispose of medication and carried this medication on his person for three days. It took into account that there is a risk of harm to patients by carrying around medication and failing to safely dispose of it in accordance with the policy of depositing Controlled Drugs into the sharps bin, and non-controlled drugs into a container of sand.

The panel noted that Mr Williams was a nurse in a prison ward, and that incarcerated persons are vulnerable. It also noted that, within this prison environment, medication is valuable for the purposes of exchange and may be consumed without regard to the nature of the medication concerned. By carrying this medication on his person, Mr Williams put patients at a real risk of significant harm and breached prison policy and the NMC Code of Conduct as set out above.

The panel found that Mr Williams' actions, in failing to properly and safely dispose of this medication in accordance with policy, did fall seriously short of the conduct and standards expected of a nurse and amounted to serious misconduct.

Charges 2 and 3

The panel considered that dishonesty is very serious. It was of the view that by not disclosing, to CGL details of his employment with Spectrum Community Health CIC and the circumstances leading to the termination of his work in HMP Frankland, and thereby acting dishonestly, Mr Williams breached fundamental tenets of the nursing profession and did not act with honesty and integrity.

The panel determined that Mr Williams' actions, in not disclosing details of his employment with the intention to conceal this information, did fall seriously short of the conduct and standards expected of a nurse and amounted to serious misconduct.

The panel therefore found that Mr Williams' actions, as found proved in paragraphs 1(b) and 2 and 3 of the schedule of charges, amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of the misconduct, Mr Williams' fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the NMC Guidance on ‘*Impairment*’ (Reference: DMA-1 Last Updated: 03/03/2025) in which the following is stated:

‘The question that will help decide whether a professional’s fitness to practise is impaired is:

“Can the nurse, midwife or nursing associate practise kindly, safely and professionally?”

If the answer to this question is yes, then the likelihood is that the professional’s fitness to practise is not impaired.’

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients’ and the public’s trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

‘In determining whether a practitioner’s fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.’

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ fitness to practise is impaired in the sense that S/He:

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel first considered the limbs of the Grant test, as set out above, in relation to 'in the past'. It was satisfied that all four limbs are engaged.

The panel found that persons, namely vulnerable incarcerated persons, were put at risk of unwarranted harm by Mr Williams' misconduct. Mr Williams did not safely dispose of medications in accordance with policy guidelines, with which he would have been familiar through induction and practice, and which governed administration of medication in HMP Frankland. He kept these medications on his person and unsecured, namely in his pocket, for several days after they were refused by a patient. If incarcerated persons were to get

access to these undisposed medications, they would have been exposed to significant harm.

The panel determined that, acting as he did, Mr Williams breached a fundamental tenet of the nursing profession, namely the need to keep patients safe, and therefore brought its reputation into disrepute.

The panel also considered that Mr Williams acted dishonestly in the past, by concealing his previous employment with Spectrum Community Health CIC.

The panel considered that dishonesty in a nurse can put patients at risk of harm. In this case, his putative and actual employers (CGL) were not informed of his record at HMP Frankland which meant they were unaware of his conduct which led to his dismissal. Had they been aware of this information, they may have chosen not to employ Mr Williams.

Further, the panel was satisfied that confidence in the nursing profession would be undermined if its regulator did not take charges relating to dishonesty extremely seriously.

The panel next considered whether Mr Williams is liable in the future to put patients at risk of unwarranted harm, bring the profession into disrepute, breach one or more of the fundamental tenets of the nursing profession, and act dishonestly.

The panel noted that Mr Williams did not provide any information concerning why he acted as he did. The only information which it did have was on the CMF response form, to the effect that the patient refused his medications. Mr Williams further maintains on his CMF response form that his fitness to practise is not impaired.

The panel was satisfied that the misconduct in charge 1(b) is capable of being addressed. However, the panel did not have any information regarding Mr Williams' insight and reflection before it. The panel did not have any information as to whether Mr Williams' has taken steps to address this conduct or strengthen his practice. It noted that Mr Williams

has not been working as a registered nurse since his employment with CGL ceased in May 2024.

The panel noted that Mr Williams, in his CMF response, addressed the dishonesty:

'Following this, for over a year i have deeply reflected on the course of events over the year and made it a vital point to include in all employment applications that I have made, which is several, that I have been referred to the NMC and currently under investigation. As expected none of these applications have been successful. But I would rather be open and transparent even though I am aware it would be to my detriment.'

The panel acknowledged that Mr Williams' dishonest conduct appears to be an isolated incident and there is no evidence that it forms part of a larger pattern of dishonesty. However, the assertions which he has made in the CMF response form have not been tested or explored. At best they are "thin". Moreover, it appears that Mr Williams was content to continue with his employment with CGL.

In light of all the above, the panel was of the view that there is a risk of repetition. There is insufficient evidence that the conduct found proved has been remediated. In particular, Mr Williams has not submitted any references, nor has he engaged in any ethics courses or other relevant training. The panel also noted that dishonesty is very serious. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a finding of impairment on public interest grounds is also required. Public confidence in the nursing profession would be seriously undermined and damaged if Mr Williams were allowed to practise without a finding of impairment, given the risk of harm caused by his conduct in charge 1(b), and his dishonest conduct in charges 2 and 3. The panel therefore also finds Mr Williams' fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Mr Williams' fitness to practise is currently impaired.

Sanction

The panel has carefully considered this case and has decided to make a suspension order for a period of 12 months. The effect of this order is that the NMC register will show that Mr Williams' registration has been suspended.

In reaching this decision, the panel had due regard to all the evidence that has been adduced in this case and to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

Submissions on sanction

Ms Boesche informed the panel that in the Notice of Hearing the NMC had advised Mr Williams that it would seek the imposition of a striking off order if the panel found his fitness to practise currently impaired.

Ms Boesche submitted that Mr Williams' misconduct makes him incompatible with remaining on the NMC register.

Ms Boesche submitted that the misconduct is serious, and the risk of harm and repetition has not been mitigated. Ms Boesche submitted that the following aggravating features are present in this case:

- There is no evidence of insight and efforts to remediate the concerns.
- Mr Williams' conduct put patients at an unwarranted risk of harm.
- Dishonest conduct

Ms Boesche submitted that there are no mitigating features present.

Ms Boesche submitted that Mr Williams' dishonest conduct in the charges found proved may suggest deep-seated attitudinal concerns. He intentionally concealed information on an employment application form to gain and maintain employment, and has not demonstrated sufficient insight and remorse into this action. She submitted that his actions and breach of the fundamental tenets of the nursing profession raises fundamental questions around his professionalism.

Ms Boesche submitted that there has been no meaningful engagement with the NMC from Mr Williams. Although Mr Williams expressed, on day three of the hearing, that he wished to attend these proceedings, he has made no further attempts to contact the NMC or attend the hearing.

Ms Boesche submitted that taking no further action is not suitable as there remain public protection and public interest concerns which require addressing.

Ms Boesche submitted that a caution order is not appropriate in this case and would be insufficient to mark the seriousness of the misconduct.

Ms Boesche submitted that a conditions of practice order is not appropriate in the circumstances in this case. Mr Williams has not provided evidence to suggest that he is

willing to retrain. She submitted that there are no workable conditions that would adequately protect the public and meet the public interest.

Ms Boesche submitted that a suspension order is not appropriate in light of Mr Williams' lack of insight. She submitted that there is evidence of deep-seated, harmful personality or attitudinal problems, and consequently, a risk of repetition.

Ms Boesche submitted that a striking off order is therefore the only appropriate order in this case. She invited the panel to impose a striking off order.

Decision and reasons on sanction

The panel accepted the advice of the legal assessor, who referred it to NMC Guidance SAN-2.

Having found Mr Williams' fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the Sanction Guidance (SG). The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Insufficient evidence of clear insight
- Conduct which had potential to put vulnerable incarcerated persons at a risk of unwarranted harm
- Dishonesty with a view to secure and maintain employment
- Abuse of position of trust

The panel also took into account the following mitigating features:

- The misconduct appears to be a one-off incident and not part of a sustained pattern of dishonesty

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case, in particular, the dishonesty found proved. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the misconduct, and the public protection issues identified, an order that does not restrict Mr Williams' practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Mr Williams' misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Mr Williams' registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*

- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. While it was satisfied that the misconduct in this case could potentially be addressed through conditions, the panel did not have sufficient information to support that Mr Williams is amenable to any retraining and conditions that would be required to mitigate the risk of harm and repetition.

The panel noted that Mr Williams has not provided evidence of insight, reflection, and remorse, in relation to his dishonesty. Further, while the dishonesty was a seemingly one-off incident, it was serious, and likely assisted Mr Williams in obtaining and sustaining his employment with CGL. As such, the panel determined that the placing of conditions on Mr Williams' registration would not adequately address the seriousness of this case and would neither protect the public nor meet the public interest.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
and
- *No evidence of repetition of behaviour since the incident.*

The panel was satisfied that in this case, Mr Williams' misconduct was not fundamentally incompatible with remaining on the register. Mr Williams' dishonesty, while serious, was a seemingly one-off incident. He addressed his dishonesty in his CMF response, demonstrating some developing insight. The panel also noted that Mr Williams stated that

he ensures that he discloses the investigation against him in all future applications, and was satisfied that there is no evidence of deep-seated attitudinal concerns.

The panel was aware that Mr Williams was engaging with the NMC and had expressed that he wished to attend this hearing. The panel heard, via the NMC Case Officer, that Mr Williams [PRIVATE].

The panel therefore determined that a period of suspension would allow Mr Williams the opportunity to re-engage with the NMC and address the misconduct in the charges found proved. The panel also noted that this time would allow Mr Williams the opportunity to adequately address and mitigate the dishonesty in this case. A period of suspension would allow Mr Williams time to further reflect on the impact his conduct had on patients in his care, his regulator, his employers, and the public. It would further allow him the time necessary to undertake relevant training, and provide up-to-date reflections and references from past and present employers.

The panel emphasised the importance of Mr Williams' engagement with the NMC, in order to adequately address and mitigate the dishonesty in this case.

It did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Mr Williams' case to impose a striking-off order.

Balancing all of these factors, the panel has concluded that a suspension order would be the appropriate and proportionate sanction. It was satisfied that a suspension order adequately protects the public and marks the seriousness of the misconduct in this case.

The panel noted the hardship such an order will inevitably cause Mr Williams. However, this is outweighed by the public interest in this case.

The panel considered that this order is necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

In making this decision, the panel carefully considered the submissions of Ms Boesche in relation to the sanction that the NMC was seeking in this case. However, the panel considered that Mr Williams' misconduct is capable of being addressed through training and the continued development of insight. As set out in its reasons above, the panel noted that the dishonesty was a one-off incident. There is no information to suggest that Mr Williams has deep-seated attitudinal or personality concerns. It determined that a striking off order would be disproportionate.

The panel determined that a suspension order for a period of 12 months was appropriate in this case to mark the seriousness of the misconduct, and allow Mr Williams time to develop his insight, and re-engage with the NMC.

At the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- A comprehensive and up-to-date reflective piece;
- Evidence of training, including a medicines management course and a course in ethics;
- References from employers, past and present, and both in healthcare and outside of healthcare work; and
- Engagement with the NMC, including attendance at the review hearing either in person, or remotely through Teams.

This decision will be confirmed to Mr Williams in writing.

Interim order

As the suspension order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Mr Williams' own interests until the suspension sanction takes effect. The panel accepted the advice of the legal assessor.

Submissions on interim order

The panel took account of the submissions made by Ms Boesche. Ms Boesche informed the panel that there is a 28-day appeal period before this order comes into effect. She submitted that an interim suspension order for a period of 18 months is necessary to protect the public and meet the public interest during any appeal period.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months in order to protect the public and meet the public interest during any period of appeal.

If no appeal is made, then the interim suspension order will be replaced by the substantive suspension order 28 days after Mr Williams is sent the decision of this hearing in writing.

That concludes this determination.